FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APP | PROVAL |
|------------|----------|
| MB Number: | 3235-028 |

С Estimated average burden hours per response: 0.5

| | Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | |
|--|--|--|
|--|--|--|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person [*] <u>DONEGAL MUTUAL INSURANCE</u> <u>CO</u> | | | | 2. Issuer Name and Ticker or Trading Symbol <u>DONEGAL GROUP INC</u> [DGICA] | | | | | | | | heck all ap Dire Offic | ctor er (give title | ng Per X | 10% O Other (| wner | |
|--|---|---------|---------|---|---|------|--|-------|--------|--|---|------------------------------|------------------------------|--|--|---|--|
| (Last) (First) (Middle) 1195 RIVER ROAD | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/14/2022 | | | | | | | | belo | w) | | below) | | |
| P.O. BOX 302 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) MARIE | ΓΤΑ ΡΑ | × 1 | 7547 | | | | | | | | | | | n filed by On n filed by Mo on | | U | |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | | | |
| | | Table | I - Nor | n-Deriva | tive S | Secu | rities Acq | uired | , Dis | posed of | , or Be | nefici | ally Owr | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction4. Sec DispoCode (Instr. 8)5) | | | s Acquire Of (D) (Inst | d (A) or r. 3, 4 a | nd Secur Benef Owne | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | Code | v | Amount | (A) or (D) | Price | Repor Transa (Instr. | ted action(s) 3 and 4) | | | (Instr. 4) | |
| Class A G | Common St | ock | | 09/14/2 | 2022 | | | Р | | 10,000 | A | \$14 | \$14.46 11,318,962 D | | | | |
| Class B G | Common St | ock | | | | | | | | | | | 4,708,570 D | | | D | |
| | | Tal | | | | | ties Acqu warrants, | | | | | | | d | | | |
| 1. Title of Derivative Security (Instr. 3) | ative Conversion Date Execution Date, T rity or Exercise (Month/Day/Year) if any C | | | ansaction of ode (Instr. Derivative | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and 8. F Amount of De Securities See Underlying (In: Derivative Security (Instr. 3 and 4) | | | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

Remarks:

Jeffrey D. Miller, EVP &

Chief Financial Officer

Amount or Number

of Shares

Title

09/15/2022

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

v Code

(A) (D)

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

Date

Exercisable

Expiration

Date